

We take the protection and privacy of the personal information you entrust to us very seriously. We do not disclose any nonpublic information about our customers or former customers to any third party, except as required or permitted by law. If you would like to review our complete privacy policy, it can be found online at <http://www.alliancetaxservice.com/privacy.htm>

| | | | |
|---------------|--|--------------|--|
| Today's Date: | | Prepared by: | |
|---------------|--|--------------|--|

Personal information:

| | | | | | |
|-------------------|----------------|------------------|--------|-------------------------------|----------------------|
| First Name | Middle Initial | Last Name | Suffix | Social Sec. No or ITIN - - | Date of Birth / / |
| Spouse First Name | Middle Initial | Spouse Last Name | Suffix | Social Sec. No or ITIN - - | Date of Birth / / |

Please select the filing status you would like to use:

| | | |
|--------------------------------------------|-------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Single | <input type="checkbox"/> Married Filing Jointly | <input type="checkbox"/> Married Filing Separately |
| <input type="checkbox"/> Head of Household | <input type="checkbox"/> Qualifying Widow(er) | |

Your address and telephone number:

| | | | |
|-----------------|---------|--------------------------------------|------------------------------|
| Mailing Address | Apt. #: | Best method and time to contact you? | Your e-mail address |
| City | State | ZIP Code | Home telephone number () |

Work information:

| | | | |
|-------------------|------------------------------|------|----------------------------------------------------------------------------------------------------|
| Your Occupation | Work telephone Number () | Ext. | May we call you at work, if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Spouse Occupation | Work telephone Number () | Ext. | May we call you at work, if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Dependent information:

Dependent 1:

| | | | | | | |
|---------------------------------------------|----|-----------|---------------------------------------------------------------|-------------------------------|------------|----------------------------------------------------------|
| First Name | MI | Last Name | Suffix | Social Sec. No or ITIN - - | DOB / / | Relationship to you |
| Number of months this person lived with you | | | Did you pay child or dependent care expenses for this person? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Dependent 2:

| | | | | | | |
|---------------------------------------------|----|-----------|---------------------------------------------------------------|-------------------------------|------------|----------------------------------------------------------|
| First Name | MI | Last Name | Suffix | Social Sec. No or ITIN - - | DOB / / | Relationship to you |
| Number of months this person lived with you | | | Did you pay child or dependent care expenses for this person? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Dependent 3:

| | | | | | | |
|---------------------------------------------|----|-----------|---------------------------------------------------------------|-------------------------------|------------|----------------------------------------------------------|
| First Name | MI | Last Name | Suffix | Social Sec. No or ITIN - - | DOB / / | Relationship to you |
| Number of months this person lived with you | | | Did you pay child or dependent care expenses for this person? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Dependent 4:

| | | | | | | |
|---------------------------------------------|----|-----------|---------------------------------------------------------------|-------------------------------|------------|----------------------------------------------------------|
| First Name | MI | Last Name | Suffix | Social Sec. No or ITIN - - | DOB / / | Relationship to you |
| Number of months this person lived with you | | | Did you pay child or dependent care expenses for this person? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Child/ dependent care provider information:

| | | |
|----------|---------------------------------------|-------------------|
| Name | SSN or Employer Identification Number | Total Amount Paid |
| Address | City | State |
| Zip code | | |
| Name | SSN or Employer Identification Number | Total Amount Paid |
| Address | City | State |
| Zip code | | |

Deductions:**Alimony (Spousal Support)**

| | | | | | |
|------------------------------------------------------------------------------------------|------------------------------|-----------------------------|-----------------------------------------------|---|---|
| Did you or your spouse pay alimony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, enter the total amount that was paid: | | |
| Enter the Social Security Numbers for persons to whom alimony was paid: | - | - | | - | - |
| Did you have expenses for post-high school education for someone in your family? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Did you or your spouse make a contribution to an Individual Retirement Account? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Did you have any personal or business losses or damage as a result of casualty or theft? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |

Itemized deductions (enter dollar amounts for all that apply):

| Taxes you paid: | | Remarks |
|-------------------------------------------------------------------------------------------------------------------|-----|----------------|
| State/ Local | | |
| Property (main home) | | |
| Property (other real estate) | | |
| Personal property | | |
| Interest you paid: | | |
| Mortgage (combine interest from all mortgages) | | |
| Mortgage points | | |
| Charitable contributions: | | |
| Cash (cash, check, credit card, etc.) | | |
| Non-cash | | |
| Medical expenses: | | |
| Prescription medicines | | |
| Doctors, Dentists | | |
| Fees for hospitals, clinics | | |
| Lab and x-ray fees | | |
| Long-term care | | |
| Eyeglasses and contact lenses | | |
| Medical equipment and supplies | | |
| Health insurance premiums | | |
| Other (explain in Remarks) | | |
| Vehicle expenses: | | |
| Number of business miles driven | | |
| Number of personal miles driven | | |
| Total number of miles driven | | |
| Vehicle information: | | |
| Vehicle make and model (i.e. Chevy Blazer) | | |
| Type of vehicle (A: <6,000 lbs.; B: 6,000-13,000 lbs.; C: >13,000 lbs.; D: tractor trailer for over-the-road use) | | |
| Date vehicle placed in service (i.e. 07/23/2003) | / / | |
| Business travel expenses: | | |
| Parking and local transportation | | |
| Travel away from home | | |
| Meals and entertainment | | |
| Other business related expenses: | | |
| Education | | |
| Professional publications | | |
| Licenses | | |
| Clothing and equipment | | |
| Dues for professional organizations | | |
| Other (explain in Remarks) | | |